

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Andre \_\_\_\_\_

First name

D \_\_\_\_\_

Middle name

Wilson \_\_\_\_\_

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

Carolyn \_\_\_\_\_

First name

M \_\_\_\_\_

Middle name

Wilson \_\_\_\_\_

Last name and Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2536

xxx-xx-3178

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

2035 S 25th Ave  
Broadview, IL 60155

Number, Street, City, State & ZIP Code

Cook

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

*Check one:*

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**  No.  
 Yes.  
District NDIL Ch13 dismissed When 8/26/10 Case number 10-38251  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**  No  
 Yes.  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. **Do you rent your residence?**  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.  
 Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Andre D Wilson  
 Debtor 2 Carolyn M Wilson

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Andre D Wilson  
 Debtor 2 Carolyn M Wilson

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Andre D Wilson

Andre D Wilson  
 Signature of Debtor 1

/s/ Carolyn M Wilson

Carolyn M Wilson  
 Signature of Debtor 2

Executed on October 17, 2017  
 MM / DD / YYYY

Executed on October 17, 2017  
 MM / DD / YYYY

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

/s/ Terrance S. Leeders  
Signature of Attorney for Debtor

Date

October 17, 2017  
MM / DD / YYYY

Terrance S. Leeders

Printed name

Leeders & Associates

Firm name

205 W. Randolph St.  
Suite 1401  
Chicago, IL 60606

Number, Street, City, State & ZIP Code

Contact phone 312-346-7400

Email address

tleeders@leederslaw.com

6244638

Bar number & State

Fill in this information to identify your case:

Debtor 1	Andre D Wilson		
	First Name	Middle Name	Last Name
Debtor 2	Carolyn M Wilson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 10,800.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 27,140.29
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 37,940.29

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 57,960.36
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 44,526.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 64,587.99
		<b>Your total liabilities</b> \$ 167,074.35

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 5,517.31
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 5,498.00

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 7,554.97

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	<b>Total claim</b>
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>44,526.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$ <u>44,526.00</u></b>

Fill in this information to identify your case and this filing:

Debtor 1	Andre D Wilson	
	First Name	Middle Name
Debtor 2	Carolyn M Wilson	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Case number		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

1.1

WestGate South Beach  
3611 Collins Ave  
Unit 203

Street address, if available, or other description

Miami Beach FL 33140-0000  
City State ZIP Code

Miami-Dade

County

##### What is the property? Check all that apply

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the  
entire property?

\$10,800.00

Current value of the  
portion you own?

\$10,800.00

##### Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Describe the nature of your ownership interest  
(such as fee simple, tenancy by the entireties, or  
a life estate), if known.

Timeshare

Check if this is community property  
(see instructions)

Other information you wish to add about this item, such as local  
property identification number:

1/2 interest, week 17, Odd years

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$10,800.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

3.1 Make: Jeep  
Model: Grand Cherokee  
Year: 2011  
Approximate mileage: 63000  
Other information:  
will surrender

**Who has an interest in the property? Check one**  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

\$13,675.00 \$13,675.00

3.2 Make: Ford  
Model: Escape  
Year: 2013  
Approximate mileage: 80000  
Other information:

**Who has an interest in the property? Check one**  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

\$10,125.00 \$10,125.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for  
pages you have attached for Part 2. Write that number here.....=> \$23,800.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

Miscellaneous Household Goods

\$1,200.00

Furniture, Lien held by Comfy Furniture

\$500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

Miscellaneous electronics

\$350.00

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Used Personal Clothing

\$750.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Miscellaneous costume jewelry

\$100.00

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$2,900.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the

portion you own?  
Do not deduct secured  
claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known) \_\_\_\_\_

17.1. Checking	Checking account with TCF	\$247.00
17.2. Checking	Checking account with Bank of America	\$193.29

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

Rental deposit	Security deposit w/ landlord, no current value to debtor: \$ 2200	\$0.00
----------------	---	--------

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Estimated 2015 & 2016 Tax refund

Federal

\$0.00

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Term Life Insurance, no cash surrender value

spouse

\$0.00

Term Life Insurance, no cash surrender value

Spouse

\$0.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No

Yes. Give specific information..

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$440.29

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 ..... \$10,800.00

56. Part 2: Total vehicles, line 5 ..... \$23,800.00

57. Part 3: Total personal and household items, line 15 ..... \$2,900.00

58. Part 4: Total financial assets, line 36 ..... \$440.29

59. Part 5: Total business-related property, line 45 ..... \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 ..... \$0.00

61. Part 7: Total other property not listed, line 54 ..... \$0.00

62. Total personal property. Add lines 56 through 61... ..... \$27,140.29 Copy personal property total ..... \$27,140.29

63. Total of all property on Schedule A/B. Add line 55 + line 62 ..... \$37,940.29

## Fill in this information to identify your case:

Debtor 1	Andre D Wilson		
	First Name	Middle Name	Last Name
Debtor 2	Carolyn M Wilson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
2011 Jeep Grand Cherokee 63000 miles will surrender Line from <i>Schedule A/B</i> : 3.1	\$13,675.00	<input checked="" type="checkbox"/> \$2,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
2013 Ford Escape 80000 miles Line from <i>Schedule A/B</i> : 3.2	\$10,125.00	<input checked="" type="checkbox"/> \$2,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
Miscellaneous Household Goods Line from <i>Schedule A/B</i> : 6.1	\$1,200.00	<input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Miscellaneous electronics Line from <i>Schedule A/B</i> : 7.1	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Used Personal Clothing Line from <i>Schedule A/B</i> : 11.1	\$750.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Miscellaneous costume jewelry Line from <i>Schedule A/B</i> : 12.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Checking: Checking account with TCF Line from <i>Schedule A/B</i> : 17.1	\$247.00	<input checked="" type="checkbox"/> \$247.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Checking: Checking account with Bank of America Line from <i>Schedule A/B</i> : 17.2	\$193.29	<input checked="" type="checkbox"/> \$193.29 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

## 3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Andre D Wilson		
	First Name	Middle Name	Last Name
Debtor 2	Carolyn M Wilson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$800.00	\$500.00	\$300.00

2.1 Comfy Furniture

Creditor's Name

Describe the property that secures the claim:

Furniture, Lien held by Comfy Furniture

2089 Manheim Rd.  
Melrose Park, IL 60160

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) Purchase Money Security

Date debt was incurred 2016

Last 4 digits of account number 2536

2.2 Exeter Finance Corp

Creditor's Name

Describe the property that secures the claim:

2011 Jeep Grand Cherokee 63000 miles will surrender

\$31,811.00

\$13,675.00

\$18,136.00

Po Box 166008  
Irving, TX 75016

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) Purchase Money Security

Debtor 1	Andre D Wilson	Case number (if known)			
	First Name	Middle Name	Last Name		
Debtor 2	Carolyn M Wilson	First Name	Middle Name	Last Name	
	Opened				
	09/15 Last				
	Active				
Date debt was incurred	1/06/17	Last 4 digits of account number	1001		
2.3 Overlnd Bond		Describe the property that secures the claim:	\$14,512.00	\$10,125.00	\$4,387.00
Creditor's Name		2013 Ford Escape 80000 miles			
4701 W. Fullerton Ave. Chicago, IL 60639		As of the date you file, the claim is: Check all that apply.			
Number, Street, City, State & Zip Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who owes the debt? Check one.		<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
		<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Purchase Money Security			
Opened 3/28/15 Last Active Date debt was incurred 1/20/17		Last 4 digits of account number 4340			
2.4 Westgate Resorts		Describe the property that secures the claim:	\$10,837.36	\$10,800.00	\$37.36
Creditor's Name		WestGate South Beach 3611 Collins Ave Unit 203 Miami Beach, FL 33140 Miami-Dade County 1/2 interest, week 17, Odd years			
2801 Old Winter Garden Rd. Ocoee, FL 34761		As of the date you file, the claim is: Check all that apply.			
Number, Street, City, State & Zip Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who owes the debt? Check one.		<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
		<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Timeshare			
Date debt was incurred 2016		Last 4 digits of account number 2448			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$57,960.36

If this is the last page of your form, add the dollar value totals from all pages.

\$57,960.36

Write that number here:

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

Debtor 1	<b>Andre D Wilson</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Carolyn M Wilson</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known)	<hr/>		

Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

**1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.

Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	II Dept Of Healthcare Priority Creditor's Name  509 S 6th St Springfield, IL 62701  Number Street City State Zip Code	Last 4 digits of account number 6031	\$21,526.00	\$21,526.00	\$0.00
		When was the debt incurred? Opened 09/91 Last Active 1/31/17			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Family Support			

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

2.2	IRS	Last 4 digits of account number	2536	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Centralized Insolvency Operations PO BOX 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	2015			
	As of the date you file, the claim is: Check all that apply					
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
	back taxes					
2.3	Theresa Rhodes	Last 4 digits of account number	2536	\$23,000.00	\$23,000.00	\$0.00
	Priority Creditor's Name 3427 W Walnut Chicago, IL 60624	When was the debt incurred?				
	As of the date you file, the claim is: Check all that apply					
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Type of PRIORITY unsecured claim:					
	<input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
	DSO					

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.1	ACC International Nonpriority Creditor's Name 919 Estes Court Schaumburg, IL 60193-4436 Number Street City State Zip Code	Last 4 digits of account number <u>8495,5326</u>	\$0.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>2012</u>	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>	
4.2	ADT Nonpriority Creditor's Name P.O. Box 371878 Pittsburgh, PA 15250-7878 Number Street City State Zip Code	Last 4 digits of account number <u>4211,0500</u>	\$2,468.32
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>2013-16</u>	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Collection on account</u>	
4.3	Advanced Paycheck online Nonpriority Creditor's Name 2400 Caton Farm Rd. Crest Hill, IL 60403 Number Street City State Zip Code	Last 4 digits of account number <u>4922</u>	\$500.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <u>2016</u>	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>loan</u>	

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.4	Afni Nonpriority Creditor's Name Po Box 3427 Bloomington, IL 61702 Number Street City State Zip Code	Last 4 digits of account number	5983	\$168.00
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney At T</u>				
<hr/> <b>4.5</b> Americash Loans Nonpriority Creditor's Name PO BOX 184 Des Plaines, IL 60016 Number Street City State Zip Code				
Last 4 digits of account number <u>0161</u> <span style="float: right;">\$2,059.49</span> When was the debt incurred? <u>2016</u> <b>As of the date you file, the claim is:</b> Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>loan</u>				
<hr/> <b>4.6</b> Anthony M Marinelli MD SC Nonpriority Creditor's Name 1 Erie Ct. Suite 3000 Oak Park, IL 60302 Number Street City State Zip Code				
Last 4 digits of account number <u>7938</u> <span style="float: right;">\$33.06</span> When was the debt incurred? <u>2012-13</u> <b>As of the date you file, the claim is:</b> Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>				

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.7	Asset Recovery Solutions LLC Nonpriority Creditor's Name 2200 E, Devon Ave. Suite 200 Des Plaines, IL 60018 Number Street City State Zip Code	Last 4 digits of account number 6642	\$0.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Notice Only</u> <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
4.8	AT&T Nonpriority Creditor's Name PO Box 8212 Aurora, IL 60572-8212 Number Street City State Zip Code	Last 4 digits of account number 2585,2867	\$1,969.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Utility</u> <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
4.9	Atg Credit Llc Nonpriority Creditor's Name 1700 W Cortland St Ste 2 Chicago, IL 60622 Number Street City State Zip Code	Last 4 digits of account number 3653	\$37.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Collection Attorney Metropolitan Advanced Radiolog</u> <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.1  
0

Benjamin D Margolis Nonpriority Creditor's Name 1 Erie St Oak Park, IL 60302 Number Street City State Zip Code	Last 4 digits of account number 2536	\$6.31
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>	

4.1  
1

Best Choice 123 Nonpriority Creditor's Name 621 medicine Way ste 6 Ukiah, CA 95482 Number Street City State Zip Code	Last 4 digits of account number 5894	\$1,829.70
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <u>loan</u>	

4.1  
2

CACH LLC Nonpriority Creditor's Name 4340 S Monaco St Unit 2 Denver, CO 80237-3408 Number Street City State Zip Code	Last 4 digits of account number 0891	\$0.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>	

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.1  
3

Capital One	Last 4 digits of account number	5954	\$146.00
Nonpriority Creditor's Name	When was the debt incurred?	Opened 04/15 Last Active 4/01/16	
Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130	As of the date you file, the claim is: Check all that apply		
Number Street City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.1  
4

CBCS	Last 4 digits of account number	1818	\$0.00
Nonpriority Creditor's Name	When was the debt incurred?	2017	
P.O. Box 2589 Columbus, OH 43216	As of the date you file, the claim is: Check all that apply		
Number Street City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>		
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.1  
5

Cda/Pontiac	Last 4 digits of account number	1526	\$85.00
Nonpriority Creditor's Name	When was the debt incurred?	Opened 10/15	
Attn:Bankruptcy Po Box 213 Streator, IL 61364	As of the date you file, the claim is: Check all that apply		
Number Street City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Westlake Emerg Room Providers</u>		
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.1 6	<p><b>Chicago Cardiology Institute</b> Nonpriority Creditor's Name PO BOX 959011 Schaumburg, IL 60195-9061 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	Last 4 digits of account number 0316 When was the debt incurred? 2015  <b>As of the date you file, the claim is:</b> Check all that apply	\$44.17
4.1 7	<p><b>City of Chicago</b> Nonpriority Creditor's Name Bureau of Parking 121 N La Salle St RM 107 A Chicago, IL 60602 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>tickets/fines</u></p>	Last 4 digits of account number 3600 When was the debt incurred? 2013  <b>As of the date you file, the claim is:</b> Check all that apply	\$403.62
4.1 8	<p><b>Comcast</b> Nonpriority Creditor's Name PO Box 3002 Southeastern, PA 19398 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utility</u></p>	Last 4 digits of account number 4819 When was the debt incurred? 2016  <b>As of the date you file, the claim is:</b> Check all that apply	\$417.16

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

<b>4.1</b> 9	<p><b>ComEd</b> Nonpriority Creditor's Name Bill Payment Center Chicago, IL 60668-0001 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utility</u></p>
	<p><b>Last 4 digits of account number</b> <u>9090,8031</u> <b>Amount of claim</b> <u>\$1,145.00</u></p> <p><b>When was the debt incurred?</b> <u>2015-16</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
<b>4.2</b> 0	<p><b>Computer Credit, Inc.</b> Nonpriority Creditor's Name 640 W 4th St PO Box 5238 Winston Salem, NC 27113-5238 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u></p>
	<p><b>Last 4 digits of account number</b> <u>0001</u> <b>Amount of claim</b> <u>\$0.00</u></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
<b>4.2</b> 1	<p><b>Convergent Outsourcing, Inc</b> Nonpriority Creditor's Name Po Box 9004 Renton, WA 98057 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Sprint</u></p>
	<p><b>Last 4 digits of account number</b> <u>1641</u> <b>Amount of claim</b> <u>\$878.00</u></p> <p><b>When was the debt incurred?</b> <u>Opened 05/16</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.2 2	<p><b>Convergent Outsourcing</b> Nonpriority Creditor's Name PO BOX 9004 Renton, WA 98054 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Notice Only</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>8231</u> <b>\$0.00</b></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.2 3	<p><b>Credence Resource Management</b> Nonpriority Creditor's Name PO BOX 1253 Southgate, MI 48195-1253 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Notice Only</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6911</u> <b>\$0.00</b></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.2 4	<p><b>Credit Collection Serv</b> Nonpriority Creditor's Name 2 Wells Ave Dept 9133 Newton Center, MA 02459 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Notice Only</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>8840</u> <b>\$0.00</b></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

<b>4.2</b> <b>5</b>  Credit Management, LP Nonpriority Creditor's Name The Offices of Credit Management, LP Po Box 118288 Carrollton, TX 75011  Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 6227  <b>When was the debt incurred?</b> Opened 10/15  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <b>Collection Attorney Comcast Central Warehouse</b>	<b>\$114.00</b>	
  <b>4.2</b> <b>6</b>  Credit Protection Association Nonpriority Creditor's Name PO Box 802068 Dallas, TX 75380  Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 5047  <b>When was the debt incurred?</b> 2016  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <b>■ Other. Specify</b> Notice Only	<b>\$0.00</b>
  <b>4.2</b> <b>7</b>  CTI Collection Services Nonpriority Creditor's Name P.O. Box 4783 Chicago, IL 60680  Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 3600  <b>When was the debt incurred?</b> 2013  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <b>■ Other. Specify</b> Notice Only	<b>\$0.00</b>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.2 8	<p><b>Directtv</b> Nonpriority Creditor's Name PO Box 78626 Phoenix, AZ 85062 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utility</u></p>	<p><b>Last 4 digits of account number</b> <u>0432</u> <b>\$564.00</b></p> <p><b>When was the debt incurred?</b> <u>2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.2 9	<p><b>Dr. Ralph Ambrosino</b> Nonpriority Creditor's Name 3 Westbrook Corp Ctr 530 Westchester, IL 60154 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>9541</u> <b>\$1,307.00</b></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.3 0	<p><b>Duane E</b> Nonpriority Creditor's Name c/o HERBERT C GOLDMAN PC 5 REVERE DRIVE 200 Northbrook, IL 60062 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>lawsuit /eviction</u></p>	<p><b>Last 4 digits of account number</b> <u>2743</u> <b>\$1,300.00</b></p> <p><b>When was the debt incurred?</b> <u>2014</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

<b>4.3 1</b>	<b>Easypay/dvra</b> Nonpriority Creditor's Name  2701 Loker Av West Carlsbad, CA 92008  Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> A314  <b>When was the debt incurred?</b> Opened 11/09/15 Last Active 6/09/16  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment Sales Contract</u>	\$1,470.00
<b>4.3 2</b>	<b>ERC/Enhanced Recovery Corp</b> Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256  Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 9943,8273,0 208  <b>When was the debt incurred?</b> Opened 09/16  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney At T</u>	\$1,844.00
<b>4.3 3</b>	<b>Express Cash Mart of Illinois</b> Nonpriority Creditor's Name PO BOX 5598 Elgin, IL 60121-5598  Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 2536  <b>When was the debt incurred?</b> 2016  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>loan - provide amount</u>	\$0.00

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if know)

<p>4.3 4</p> <p><b>Fifth Third</b></p> <hr/> <p>Nonpriority Creditor's Name  <b>PO BOX 630900  Cincinnati, OH 45263-0900</b></p> <hr/> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6782</u></p> <hr/> <p><b>When was the debt incurred?</b> <u>2013</u></p> <hr/> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>overdraft</u></p>
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4.3 5	Fifth Third Bank Nonpriority Creditor's Name Dept. 00781 Cincinnati, OH 45263 Number Street City State Zip Code	Last 4 digits of account number 0891	\$351.06
		When was the debt incurred? 2017	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection on account
	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

<p>4.3 6</p> <p>First Premier Bank Nonpriority Creditor's Name PO Box 5114 Sioux Falls, SD 57117-5147 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9226</u> <span style="float: right;">\$870.00</span></p> <p>When was the debt incurred? <u>2015</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>
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Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

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Fst Premier Nonpriority Creditor's Name	Last 4 digits of account number	6640	\$495.00
601 S Minneapolis Ave Sioux Falls, SD 57104 Number Street City State Zip Code	When was the debt incurred?	Opened 03/15 Last Active 2/08/16	
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>			

4.3  
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Fst Premier Nonpriority Creditor's Name	Last 4 digits of account number	2616	\$435.00
601 S Minneapolis Ave Sioux Falls, SD 57104 Number Street City State Zip Code	When was the debt incurred?	Opened 05/12 Last Active 6/24/12	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>			

4.3  
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Genesis Clinical Laboratory Nonpriority Creditor's Name 3231 S. Euclid Ave. Berwyn, IL 60402 Number Street City State Zip Code	Last 4 digits of account number	4847	\$20.00
When was the debt incurred? <u>2013</u>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>			

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.4 0	<p><b>Ginny's</b> Nonpriority Creditor's Name 1112 7th Ave Monroe, WI 53566 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>Last 4 digits of account number</b> <u>9197</u> <b>\$376.00</b></p> <p><b>When was the debt incurred?</b> <u>2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.4 1	<p><b>Gottlieb Memorial Hospital</b> Nonpriority Creditor's Name 701 W. North Ave. Melrose Park, IL 60160 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>0019</u> <b>\$147.00</b></p> <p><b>When was the debt incurred?</b> <u>2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.4 2	<p><b>Gottlieb-MA, LLC</b> Nonpriority Creditor's Name 9145 Collection Center Dr Chicago, IL 60693-0091 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>0366</u> <b>\$91.80</b></p> <p><b>When was the debt incurred?</b> <u>2015</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.4 3	<p><b>Healthcare Financial Resources</b> Nonpriority Creditor's Name 830 N Meacham Schaumburg, IL 60173 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Notice Only</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>7667,2005</u> <b>\$0.00</b></p> <p><b>When was the debt incurred?</b> <u>2014</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.4 4	<p><b>Heritage Acceptance Corp.</b> Nonpriority Creditor's Name 120 W. Lexington Elkhart, IN 46516 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Deficiency on Repossessed vehicle</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>2114</u> <b>\$2,061.03</b></p> <p><b>When was the debt incurred?</b> <u>2013</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.4 5	<p><b>Jh Portfolio Debt Equities LLC</b> Nonpriority Creditor's Name 5757 Phantom Dr Ste 225 Hazelwood, MO 63042 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Factoring Company Account Comenity Bank</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6644</u> <b>\$456.00</b></p> <p><b>When was the debt incurred?</b> <u>Opened 11/16</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.4 6	<p><b>JRSI 8 Inc</b> Nonpriority Creditor's Name c/o Steven Fink &amp; Assoc. Inc. 25 E WASHINGTON 1233 Chicago, IL 60602</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>2487</u></p> <p><b>When was the debt incurred?</b> <u>2014</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Judgment</u></p>	<p><b>\$631.86</b></p>
4.4 7	<p><b>K. Jordan</b> Nonpriority Creditor's Name PO BOX 2809 Monroe, WI 53566-8009</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>86B2</u></p> <p><b>When was the debt incurred?</b> <u>2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>\$199.14</b></p>
4.4 8	<p><b>Loyola University Medical Center</b> Nonpriority Creditor's Name PO Box 3021 Milwaukee, WI 53201-3021</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>0686</u></p> <p><b>When was the debt incurred?</b> <u>2015</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>\$1,141.19</b></p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.4  
9

M3 Financial Service, Inc.	Last 4 digits of account number	683G,2241	\$0.00
Nonpriority Creditor's Name PO Box 7230 Westchester, IL 60154-7230	When was the debt incurred?	2012	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify      Notice Only <input type="checkbox"/> Yes		

4.5  
0

M3 Financial Services	Last 4 digits of account number	4366	\$256.00
Nonpriority Creditor's Name 10330 W Roosevelt Rd. Suite 200 Westchester, IL 60154	When was the debt incurred?	Opened 07/12 Last Active 2/26/15	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify      Collection Attorney Watermark Physician Services <input type="checkbox"/> Yes		

4.5  
1

M3 Financial Services	Last 4 digits of account number	5800	\$40.00
Nonpriority Creditor's Name 10330 W Roosevelt Rd. Suite 200 Westchester, IL 60154	When was the debt incurred?	Opened 06/15	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify      Collection Attorney Watermark Physician Services <input type="checkbox"/> Yes		

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.5 2	<p><b>M3 Financial Services</b> Nonpriority Creditor's Name 10330 W Roosevelt Rd. Suite 200 Westchester, IL 60154</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>1123</u> <b>\$20.00</b></p> <p><b>When was the debt incurred?</b> <u>Opened 09/12</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Attorney Watermark Physician Services</b></p>
4.5 3	<p><b>M3 Financial Services</b> Nonpriority Creditor's Name 10330 W Roosevelt Rd. Suite 200 Westchester, IL 60154</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>1628</u> <b>\$20.00</b></p> <p><b>When was the debt incurred?</b> <u>Opened 09/12</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Attorney Watermark Physician Services</b></p>
4.5 4	<p><b>M3 Financial Services</b> Nonpriority Creditor's Name 10330 W Roosevelt Rd. Suite 200 Westchester, IL 60154</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>7115</u> <b>\$20.00</b></p> <p><b>When was the debt incurred?</b> <u>Opened 09/12</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Attorney Watermark Physician Services</b></p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.5 5	<p><b>M3 Financial Services</b> Nonpriority Creditor's Name 10330 W Roosevelt Rd. Suite 200 Westchester, IL 60154 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 6059 <b>When was the debt incurred?</b> Opened 09/12</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Watermark Physician Services</b></p>	\$10.00
4.5 6	<p><b>Macneal Physicians Group</b> Nonpriority Creditor's Name 2315 Enterprise Dr Westchester, IL 60154 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 683G <b>When was the debt incurred?</b> 2012</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b></p>	\$306.00
4.5 7	<p><b>Medical Business Bureau</b> Nonpriority Creditor's Name PO Box 1219 Park Ridge, IL 60068 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 3935 <b>When was the debt incurred?</b> 2015</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Bills</b></p>	\$9,830.13

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.5 8	<p><b>medicredit</b> Nonpriority Creditor's Name PO BOX 1629 Maryland Heights, MO 63043-0629 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Notice Only</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>7962</u> <b>\$0.00</b></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.5 9	<p><b>Medtronic</b> Nonpriority Creditor's Name 13019 Collection Center Dr Chicago, IL 60693 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical Bills</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>5743</u> <b>\$2,369.00</b></p> <p><b>When was the debt incurred?</b> <u>2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.6 0	<p><b>Midland Credit Management</b> Nonpriority Creditor's Name Dept 8870 Los Angeles, CA 90084-8870 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Notice Only</u></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>3523</u> <b>\$0.00</b></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

<b>4.6 1</b>	<p><b>Midnight Velvet</b> Nonpriority Creditor's Name Swiss Colony/Midnight Velvet 1112 7th Ave Monroe, WI 53566 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 3290,8550</p> <p><b>When was the debt incurred?</b> Opened 11/15/15 Last Active 8/27/16</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u></p>	<b>\$389.00</b>
<b>4.6 2</b>	<p><b>Montgomery Ward</b> Nonpriority Creditor's Name 3650 Milwaukee St. Madison, WI 53714-2399 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 3290</p> <p><b>When was the debt incurred?</b> 2015</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection on account</u></p>	<b>\$285.00</b>
<b>4.6 3</b>	<p><b>MQC Collection Services</b> Nonpriority Creditor's Name PO BOX 140700 Toledo, OH 43614 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 9579</p> <p><b>When was the debt incurred?</b> 2012</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<b>\$150.00</b>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.6 4	<b>NCC</b> Nonpriority Creditor's Name C/O Evergreen Bank Group PO BOX 3219 Hinsdale, IL 60522-3219 Number Street City State Zip Code	<b>Last 4 digits of account number</b> 4742,4612 <b>When was the debt incurred?</b> 2016 <b>As of the date you file, the claim is:</b> Check all that apply	\$0.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>	
<b>Nicor Gas</b> Nonpriority Creditor's Name P.O. Box 5407 Carol Stream, IL 60197-5407 Number Street City State Zip Code		<b>Last 4 digits of account number</b> 0379 <b>When was the debt incurred?</b> 2015-16 <b>As of the date you file, the claim is:</b> Check all that apply	\$3,692.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	
<b>Northland Group</b> Nonpriority Creditor's Name PO Box 390846 Minneapolis, MN 55439 Number Street City State Zip Code		<b>Last 4 digits of account number</b> 3507 <b>When was the debt incurred?</b> 2017 <b>As of the date you file, the claim is:</b> Check all that apply	\$0.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>	

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.6 7	<p><b>OCS Recovery inc</b> Nonpriority Creditor's Name PO BOX 87 Lake Elsinore, CA 92531 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u></p>	<p><b>Last 4 digits of account number</b> <u>9541</u> <b>\$0.00</b></p> <p><b>When was the debt incurred?</b> <u>2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.6 8	<p><b>Peoples Gas</b> Nonpriority Creditor's Name Attn: Bankruptcy Dept 130 E. Randolph Chicago, IL 60606 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utility</u></p>	<p><b>Last 4 digits of account number</b> <u>6123</u> <b>\$686.65</b></p> <p><b>When was the debt incurred?</b> <u>2015</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.6 9	<p><b>Peter Grant MD</b> Nonpriority Creditor's Name 159 North Marion St #214 Oak Park, IL 60301 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>2536</u> <b>\$10.96</b></p> <p><b>When was the debt incurred?</b> <u>2012</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.7 0	<p><b>Radiological Consultants</b> Nonpriority Creditor's Name 1730 Park St. #101 Naperville, IL 60563-1290 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>4613</u> <b>\$37.00</b></p> <p><b>When was the debt incurred?</b> <u>2012</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.7 1	<p><b>Rush Oak Park ER Physicians</b> Nonpriority Creditor's Name Dept 4672 Carol Stream, IL 60122-4672 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>6183</u> <b>\$355.00</b></p> <p><b>When was the debt incurred?</b> <u>2012</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
4.7 2	<p><b>Rush Oak Park Hospital</b> Nonpriority Creditor's Name 26099 Network PI Chicago, IL 60673-1260 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>4742,4612</u> <b>\$1,821.65</b></p> <p><b>When was the debt incurred?</b> <u>2015-16</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.7 3	<p><b>Rush Oak Park Hospital</b> Nonpriority Creditor's Name PO Box 70769 Chicago, IL 60673 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>7667,2005</u></p> <p><b>When was the debt incurred?</b> <u>2014</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<p><b>\$0.00</b></p>
4.7 4	<p><b>Rush Oak Park Physicians Group</b> Nonpriority Creditor's Name 75 Remittance Dr Dept 1620 Chicago, IL 60675 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>4742</u></p> <p><b>When was the debt incurred?</b> <u>2015</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<p><b>\$97.80</b></p>
4.7 5	<p><b>Rush University Medical Group</b> Nonpriority Creditor's Name 75 Remittance Dr. Dept 1611 Chicago, IL 60675-1611 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u></p>	<p><b>Last 4 digits of account number</b> <u>4742</u></p> <p><b>When was the debt incurred?</b> <u>2013</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<p><b>\$695.00</b></p>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.7  
6

SKO Brenner American, Inc.	Last 4 digits of account number	4847	\$0.00
Nonpriority Creditor's Name 40 Daniel Street P.O. box 230 Farmingdale, NY 11735-0230	When was the debt incurred?	2013	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify      Notice Only			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.7  
7

SourceRM	Last 4 digits of account number	6123	\$0.00
Nonpriority Creditor's Name 4615 Dundas Dr. #102 Greensboro, NC 27407	When was the debt incurred?	2015	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify      Notice Only			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.7  
8

Sovereign Advance	Last 4 digits of account number	2536	\$350.00
Nonpriority Creditor's Name PO BOX 10 Parshall, ND 58770	When was the debt incurred?	2016	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify      loan			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.7 9	<p><b>Square One Financial/Cach Llc</b> Nonpriority Creditor's Name Po Box 5980 Denver, CO 80127 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>12 Fifth Third Bank</u></p>	<b>Last 4 digits of account number</b> <u>1227</u>	<b>\$351.00</b>
4.8 0	<p><b>Tate &amp; Kirlin Associates</b> Nonpriority Creditor's Name 580 Middletown Blvd #240 Langhorne, PA 19047 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u></p>	<b>Last 4 digits of account number</b> <u>8137</u>	<b>\$0.00</b>
4.8 1	<p><b>The Payday Loan Store of Illinois</b> Nonpriority Creditor's Name 800 Jorie Blvd Oak Brook, IL 60523 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>loan</u></p>	<b>Last 4 digits of account number</b> <u>2524,001C</u>	<b>\$3,679.00</b>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known) \_\_\_\_\_

4.8  
2

Tidewater Finance Co Nonpriority Creditor's Name	Last 4 digits of account number	0518	\$7,198.00
Po Box 41067 Norfolk, VA 23541	When was the debt incurred?	Opened 07/13 Last Active 5/12/14	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Automobile</u> <input type="checkbox"/> Yes		

4.8  
3

Tmobile Nonpriority Creditor's Name PO Box 742596 Cincinnati, OH 45274-2596	Last 4 digits of account number	2194	\$503.27
Number Street City State Zip Code	When was the debt incurred?	2012	
<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Utility</u> <input type="checkbox"/> Yes			

4.8  
4

UMR Nonpriority Creditor's Name 2700 Midwest Dr Onalaska, WI 54650	Last 4 digits of account number	3565	\$0.00
Number Street City State Zip Code	When was the debt incurred?	2012	
<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Notice Only</u> <input type="checkbox"/> Yes			

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.8  
5

University Pathologists, PC	Last 4 digits of account number	x968,9579,3 692	\$924.00
Nonpriority Creditor's Name 5700 Southwyck Blvd. Toledo, OH 43614	When was the debt incurred?	2013-2016	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans		
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>		

4.8  
6

Valentine & Kebartars, Inc.	Last 4 digits of account number	5000,1934	\$0.00
Nonpriority Creditor's Name 15 Union St. Lawrence, MA 01840	When was the debt incurred?	2013	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans		
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>		

4.8  
7

Vanguard Medical Group	Last 4 digits of account number	A683	\$70.00
Nonpriority Creditor's Name 6642 Collection Center Dr. Chicago, IL 60674-0664	When was the debt incurred?	2012	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans		
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>		

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

4.8  
8

Wendy Foster	Last 4 digits of account number	2536	\$10.00
Nonpriority Creditor's Name 7411 Lake St #1120 River Forest, IL 60305	When was the debt incurred?	2012	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:		
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

4.8  
9

West Suburban Emergency HPS	Last 4 digits of account number	1101	\$739.00
Nonpriority Creditor's Name 820 Sunset Office Dr Saint Louis, MO 63127	When was the debt incurred?	2010	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:		
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bills</u>		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

4.9  
0

Zocaloans Rosebud Lending LZO	Last 4 digits of account number	2536	\$0.00
Nonpriority Creditor's Name PO BOX 1147 27565 Research Dr. Mission, SD 57555	When was the debt incurred?	2016	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:		
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>loan -provide amount</u>		
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ 44,526.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e. <b>Total Priority.</b> Add lines 6a through 6d.		6e. \$ 44,526.00
<b>Total claims from Part 2</b>	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 64,587.99
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	

Fill in this information to identify your case:

Debtor 1	Andre D Wilson		
	First Name	Middle Name	Last Name
Debtor 2	Carolyn M Wilson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Andre D Wilson		
	First Name	Middle Name	Last Name
Debtor 2	Carolyn M Wilson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**3.2**

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Andre D Wilson
Debtor 2 (Spouse, if filing)	Carolyn M Wilson
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>	
Case number (if known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	manager	Manager
Employer's name	Heartland Automotive	Oxford Auto Insurance
Employer's address	1115 Green Bay Rd. Wilmette, IL 60091	1902 W Roosevelt Broadview, IL 60155

How long employed there? 9 years 4 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,916.66</u>	\$ <u>3,661.67</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>3,916.66</u>	\$ <u>3,661.67</u>

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 3,916.66	\$ 3,661.67

Copy line 4 here .....

5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ 541.58	\$ 551.16
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ 0.00	\$ 0.00
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ 0.00	\$ 0.00
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ 0.00	\$ 0.00
5e. <b>Insurance</b>	5e. \$ 848.29	\$ 0.00
5f. <b>Domestic support obligations</b>	5f. \$ 119.99	\$ 0.00
5g. <b>Union dues</b>	5g. \$ 0.00	\$ 0.00
5h. <b>Other deductions.</b> Specify: .....	5h.+ \$ 0.00	+ \$ 0.00

6. **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ 1,509.86	\$ 551.16
7.	\$ 2,406.80	\$ 3,110.51

7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.

7.	\$ 2,406.80	\$ 3,110.51
----	-------------	-------------

8. **List all other income regularly received:**

8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a.	\$ 0.00	\$ 0.00
8b.	\$ 0.00	\$ 0.00

8b. **Interest and dividends**

8b.	\$ 0.00	\$ 0.00
8c.	\$ 0.00	\$ 0.00

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c.	\$ 0.00	\$ 0.00
8d.	\$ 0.00	\$ 0.00

8d. **Unemployment compensation**

8d.	\$ 0.00	\$ 0.00
8e.	\$ 0.00	\$ 0.00

8e. **Social Security**

8e.	\$ 0.00	\$ 0.00
8f.	\$ 0.00	\$ 0.00

8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: .....

8f.	\$ 0.00	\$ 0.00
8g.	\$ 0.00	\$ 0.00

8g. **Pension or retirement income**

8g.	\$ 0.00	\$ 0.00
8h.	\$ 0.00	+ \$ 0.00

8h. **Other monthly income.** Specify: .....

8h.	\$ 0.00	+ \$ 0.00
9.	\$ 0.00	\$ 0.00

9. **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ 0.00	\$ 0.00
10.	\$ 2,406.80	+ \$ 3,110.51 = \$ 5,517.31

10. **Calculate monthly income.** Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ 2,406.80	+ \$ 3,110.51 = \$ 5,517.31
-----	-------------	-----------------------------

11. **State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: .....

11. +\$ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 5,517.31

Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**

No.

Yes. Explain: .....

Fill in this information to identify your case:

Debtor 1	Andre D Wilson
Debtor 2	Carolyn M Wilson
(Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,400.00

#### Your expenses

##### If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	30.00
4c. \$	80.00
4d. \$	0.00
5. \$	0.00

Debtor 1 Andre D Wilson  
 Debtor 2 Carolyn M Wilson

Case number (if known) \_\_\_\_\_

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$ 246.00
6b. Water, sewer, garbage collection	6b. \$ 104.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 480.00
6d. Other. Specify: _____	6d. \$ 0.00

**7. Food and housekeeping supplies**

**8. Childcare and children's education costs**

**9. Clothing, laundry, and dry cleaning**

**10. Personal care products and services**

**11. Medical and dental expenses**

**12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

**14. Charitable contributions and religious donations**

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ 156.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 229.00
15d. Other insurance. Specify: business insurance & continuing education	15d. \$ 20.00

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$ 488.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: Comfy Furniture reaffirmation	17c. \$ 245.00
17d. Other. Specify: _____	17d. \$ 0.00

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

**19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

**21. Other:** Specify: \_\_\_\_\_

21. +\$ 0.00

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.  
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  
 22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 5,498.00
\$
\$ 5,498.00

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.  
 23b. Copy your monthly expenses from line 22c above.

23a. \$ 5,517.31  
 23b. -\$ 5,498.00

\$ 19.31
----------

23c. Subtract your monthly expenses from your monthly income.  
 The result is your monthly net income.

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Andre D Wilson		
	First Name	Middle Name	Last Name
Debtor 2	Carolyn M Wilson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Andre D Wilson

Andre D Wilson  
Signature of Debtor 1

Date October 17, 2017

/s/ Carolyn M Wilson

Carolyn M Wilson  
Signature of Debtor 2

Date October 17, 2017

Fill in this information to identify your case:

Debtor 1	Andre D Wilson		
	First Name	Middle Name	Last Name
Debtor 2	Carolyn M Wilson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

5952 W Lake St Apt 1  
Chicago, IL 60644

Dates Debtor 1  
lived there

From-To:  
2009-2013

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2  
lived there

Same as Debtor 1  
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.

From January 1 of current year until  
the date you filed for bankruptcy:

	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$30,911.26	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$35,327.41
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

Debtor 1		Debtor 2		
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
<b>For last calendar year: (January 1 to December 31, 2016)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$39,840.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$43,100.00
<b>For the calendar year before that: (January 1 to December 31, 2015)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$38,426.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$43,151.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
--	---	--	---

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Exeter Finance Corp Po Box 166008 Irving, TX 75016	last 3 months	\$2,541.00	\$31,811.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Overlnd Bond 4701 W. Fullerton Ave. Chicago, IL 60639	last 3 months	\$1,464.00	\$14,512.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Comfy Furniture provide address	last 3 months	\$735.00	\$800.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>furniture loan</u>

## 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Willie Wilson 1018 Cernan Dr. Bellwood, IL 60104	July 2017	\$1,500.00	\$0.00	loan to pay utility bills

## 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				Include creditor's name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

## 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case

## 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

## 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
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#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Leeders & Associates 205 W. Randolph St. Suite 1240 Chicago, IL 60606 tleeders@leederslaw.com	Attorney Fees	2016-17	\$1,200.00

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known)

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 Andre D Wilson  
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Case number (*if known*)

**No. None of the above applies. Go to Part 12.**

**Yes. Check all that apply above and fill in the details below for each business.**

**Business Name**

**Address**

(Number, Street, City, State and ZIP Code)

**Describe the nature of the business**

**Name of accountant or bookkeeper**

**Employer Identification number**

**Do not include Social Security number or ITIN.**

**Dates business existed**

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

**No**

**Yes. Fill in the details below.**

**Name**

**Address**

(Number, Street, City, State and ZIP Code)

**Date Issued**

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Andre D Wilson  
Andre D Wilson  
Signature of Debtor 1

/s/ Carolyn M Wilson  
Carolyn M Wilson  
Signature of Debtor 2

Date October 17, 2017

Date October 17, 2017

**Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?**

No  
 Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Andre D Wilson		
	First Name	Middle Name	Last Name
Debtor 2	Carolyn M Wilson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
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Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property securing debt:

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property securing debt:

Creditor's name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property:

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (if known) \_\_\_\_\_

securing debt: \_\_\_\_\_

Creditor's name: Westgate Resorts

name: \_\_\_\_\_

Description of property securing debt: WestGate South Beach 3611 Collins Ave Unit 203 Miami Beach, FL 33140 Miami-Dade County 1/2 interest, week 17, Odd years

Surrender the property.  No  
 Retain the property and redeem it.  Yes  
 Retain the property and enter into a *Reaffirmation Agreement*.  
 Retain the property and [explain]: \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name: \_\_\_\_\_

No

Description of leased Property: \_\_\_\_\_

Yes

Lessor's name: \_\_\_\_\_

No

Description of leased Property: \_\_\_\_\_

Yes

Lessor's name: \_\_\_\_\_

No

Description of leased Property: \_\_\_\_\_

Yes

Lessor's name: \_\_\_\_\_

No

Description of leased Property: \_\_\_\_\_

Yes

Lessor's name: \_\_\_\_\_

No

Description of leased Property: \_\_\_\_\_

Yes

Lessor's name: \_\_\_\_\_

No

Description of leased Property: \_\_\_\_\_

Yes

Lessor's name: \_\_\_\_\_

No

Description of leased Property: \_\_\_\_\_

Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Andre D Wilson

Andre D Wilson

Signature of Debtor 1

/s/ Carolyn M Wilson

Carolyn M Wilson

Signature of Debtor 2

Date October 17, 2017

Date October 17, 2017

Debtor 1 Andre D Wilson  
Debtor 2 Carolyn M Wilson

Case number (*if known*)

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245	filin	g fee
\$75	admi	nistrative fee
+ <u> \$15</u>	<u>trustee surcharge</u>	
\$335 total fee		

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+      \$75	<u>administrative fee</u>
	\$275     total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+      \$75	<u>administrative fee</u>
	\$310     total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court  
Northern District of Illinois**

In re Andre D Wilson  
Carolyn M Wilson

Debtor(s)

Case No.  
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <u>1,200.00</u>
Prior to the filing of this statement I have received .....	\$ <u>1,200.00</u>
Balance Due .....	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor  Other (specify):

3. The source of compensation to be paid to me is:

Debtor  Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]  
Exemption planning;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of chapter 7 debtors for any of the following:

- Dischargeability actions /adversary actions;
- Judicial lien avoidances;
- Relief from automatic stay actions;
- Avoidance of liens pursuant to 11 USC 522(f)(2)(A) on household goods;
- Secured debt redemption motions;
- Any other adversary proceedings.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 17, 2017  
Date

/s/ Terrance S. Leeders  
Terrance S. Leeders  
*Signature of Attorney*  
Leeders & Associates  
205 W. Randolph St.  
Suite 1401  
Chicago, IL 60606  
312-346-7400 Fax: 312-346-7401  
[tleeders@leederslaw.com](mailto:tleeders@leederslaw.com)  
*Name of law firm*

CHAPTER 7 BANKRUPTCY CONTRACT

only  
18 pass  
means  
test.

SECURED DEBTS	UNSECURED DEBTS	NON-BISCHARGEABLE DEBTS
1 <sup>st</sup> Mortgage /Arrears	loans	Taxes
2 <sup>nd</sup> Mortgage /Arrears	Meds	Student Loans
Automobile #1	utils.	Child Support
Automobile #2	58K+	NSF
PMSI		Parking Tickets
Non-PMSI	comfy - 800	Overpay Gov't. Debt
Other		Other
<b>TOTAL</b> \$	<b>TOTAL</b> \$	<b>TOTAL</b> \$
Cosigned debt (Y/N)	Bank Account Setoff (Y/N)	Garnishment (Y/N)
Wage assignment (Y/N)	License suspended (Y/N)	IRS Determination (Y/N)
722 Redemption (Y/N)	Motion to avoid lien (Y/N)	Judgment lien motion (Y/N)

ALL PAYMENTS ARE TO BE MADE PAYABLE TO "LEEDERS & ASSOCIATES"

THE FEE BELOW DOES NOT INCLUDE FEES FOR MANDATORY CREDIT COUNSELING OR DEBTOR EDUCATION REQUIREMENTS; THIRD PARTY FEES FOR APPRAISALS, CREDIT REPORTS, TAX TRANSCRIPTS, TITLE SEARCHES, AND OTHER REQUIRED DUE DILLIGENCE REQUIREMENTS. FILING FEE IS A SEPARATE FEE FROM THE ATTORNEYS FEES, AND MUST BE PAID BEFORE CASE IS FILED.

CHAPTER 7 ATTORNEYS FEES

Flat Fee: \$ 1200 + 335 \$300.00 court filing fee

THE BANKRUPTCY WILL NOT BE FILED UNTIL ATTORNEYS FEES AND COSTS ARE PAID IN FULL AND ALL REQUIRED DOCUMENTS ARE RECEIVED BY THE ATTORNEYS.

**RETAINER: INITIAL RETAINER** paid is an **ADVANCED PAYMENT RETAINER**. This is a present payment to Leeders & Associates in exchange for the commitment to provide legal services in the future. Ownership of this retainer passes to the lawyer immediately upon payment and is deposited in Leeders & Associates business account. However, if the representation ends before the retainer has been exhausted, the retainer is subject to refund under Rules 1.15(b), 1.16(d) and 1.16(d) of the Rules of Professional Conduct. You have the option to place the retainer into a security retainer, and must request this at the time the contract is signed, and this choice is yours alone. The purpose of the advanced payment retainer is to secure sufficient funds out of the reach of seizure in order to hire counsel.

Client Acceptance: initial: S.A.W. CW

**CLIENT AND ATTORNEY AGREE TO THE FOLLOWING:**

1) **FULL DISCLOSURE & PRODUCTION OF DOCUMENTS** - Client agrees to fully disclose all financial information to LEEDERS & ASSOCIATES, (hereinafter "LEEDERS") and understands that it is a Federal crime to withhold information from a bankruptcy petition. 2) **TIMELY PAYMENT / LAW CHANGES** - Client agrees to pay fees in full as soon as possible. Attorney's advice to client is based on current Local, State and Federal laws. Client agrees to hold LEEDERS harmless for damages related to changes in the law that affect client's ability to qualify for bankruptcy relief or to discharge debts within a bankruptcy case. 3) **STATE LAW PROCEEDINGS** - Client must personally appear at all state court proceedings. LEEDERS does not represent client in any non-bankruptcy matters in state or federal court, including, but not limited to, divorce proceedings, contempt hearings, citation to discover assets, rules to show cause, or any other civil lawsuits. 4) **REFUNDS** - If client chooses to terminate LEEDERS' representation at any time, client is only entitled to a refund of unearned fees. LEEDERS' hourly rate is \$300.00 per hour for purposes of determining any refund. Client must submit written request of cancellation. After receiving written notice, LEEDERS will take approximately 30 days to do an accounting and issue a refund check of any unearned attorneys fees paid to date. 5) **REAFFIRMATIONS & RESCISSIONS** - Reaffirmations are not required under the code. Reaffirmations must be filed within 60 days of the date first set for your §341 hearing. LEEDERS does not guarantee acceptance or filing of the reaffirmation if it poses an undue hardship on client. Client understands creditor must sign and file the reaffirmation, so return with ample time to do so before the deadline. Client may only rescind or cancel a reaffirmation agreement by sending written request by certified mail to LEEDERS no less than 30 after reaffirming the debt. 6) **§341 MEETING OF CREDITORS**. Client must attend a §341 meeting approximately four weeks after client's case is filed. Client agrees to call LEEDERS to obtain the §341 meeting date if client has not received notice of the meeting. LEEDERS must appear even if client does not. 7) **ADVERSARY OBJECTIONS TO DISCHARGE**: LEEDERS's fee for negotiating a settlement is approximately \$500.00 to be paid in advance of settlement. LEEDERS's hourly fee for litigating a discharge issue is \$300.00 per hour, ten hours to be paid in advance as retainer. 8) **NSF CHECKS** - Client agrees to pay a \$35.00 bounced check fee to LEEDERS for any returned checks not honored by client's bank for any reason. 9) **GROUP PRACTICE / CO-COUNSEL** - Client permits all employees of LEEDERS to work on client's case and permits LEEDERS to hire co-counsel or independent attorneys to work on this matter and divide fees with them on the basis of work and responsibility. Client authorizes LEEDERS to have attorneys within the firm, or outside counsel, review client's file to explore other potential causes of action client may have. 10) **AUDIT** - I understand that the US Trustee may audit my bankruptcy file and I agree to cooperate fully with the audit. I agree to preserve all financial information and documents used to create my bankruptcy petition for 2 years after discharge. 11) **CREDIT COUNSELING**. Client understands they must complete a pre- and post filing bankruptcy course. The pre-filing certificate is valid for 180 days, so case must be filed before expiration or course must be completed again at client's expense. The post-filing certificate must be filed within 45 days after case filing, so take the post-filing course as soon as possible after filing. If not timely filed, client's case may close without a discharge. 13) **HOMEOWNER/CONDO ASSESSMENTS**. Client understands that all Homeowner Association/Condo association fees are non dischargeable in bankruptcy, and client has a continuing obligation to pay all such charges, even if surrendering property, until property is sold or a foreclosure is completed. 14) **GREEN INITIATIVE** - LEEDERS will make all attempts to be green. This includes electronic case filing, scanning and destroying of client documents, sending email instead of first class mail. LEEDERS will make client documents available to client for pickup for 90 days after completion of the case, or else LEEDERS can mail them to client for \$20.00. Client documents will be destroyed 90 days after the close of the case. 15) **CLIENT CONTACT INFORMATION** - Client agrees to keep LEEDERS up to date with valid email address, phone numbers and mailing addresses for the duration of the case.

Possible additional fees not included in fee quote above:

1. Amendments: \$230.00 each time. There is no charge to amend for a change of address.
2. Missed court date or 341 meeting of creditors: \$200.00 each.
3. Reaffirmations \$100.00 each
4. Redemptions \$600.00 each - Paid thru the vehicle refinancing.
5. Delay: \$150.00 Charge will only incur if 8 months has elapsed without: a client payment, return of mailed petition, or last request for case information.
6. Avoiding Judgment Liens against real estate \$450.00
7. Avoiding lien on non-purchase money security interests \$400.00
8. Motion to reopen a closed bankruptcy case-\$600.00 For any motion to reopen a closed bankruptcy case for any reason once the case is discharged. These additional motion fees are to be paid prior to LEEDERS drafting such motion. Client acknowledges that there is a limited time to bring such motions.

Client Signature Andie Wilson Date 5-17-16 Spouse Signature Dwight Wilson Date \_\_\_\_\_

Attorney Signature X Tina S. Clark DATE 5/17/16

**United States Bankruptcy Court  
Northern District of Illinois**

In re Andre D Wilson  
Carolyn M Wilson

Debtor(s)

Case No.

Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 91

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: October 17, 2017

/s/ Andre D Wilson

Andre D Wilson  
Signature of Debtor

Date: October 17, 2017

/s/ Carolyn M Wilson

Carolyn M Wilson  
Signature of Debtor

ACC International  
919 Estes Court  
Schaumburg, IL 60193-4436

ADT  
P.O. Box 371878  
Pittsburgh, PA 15250-7878

Advanced Paycheck online  
2400 Caton Farm Rd.  
Crest Hill, IL 60403

Afni  
Po Box 3427  
Bloomington, IL 61702

Americash Loans  
PO BOX 184  
Des Plaines, IL 60016

Anthony M Marinelli MD SC  
1 Erie Ct. Suite 3000  
Oak Park, IL 60302

Asset Recovery Solutions LLC  
2200 E, Devon Ave.  
Suite 200  
Des Plaines, IL 60018

AT&T  
PO Box 8212  
Aurora, IL 60572-8212

Atg Credit Llc  
1700 W Cortland St  
Ste 2  
Chicago, IL 60622

Benjamin D Margolis  
1 Erie St  
Oak Park, IL 60302

Best Choice 123  
621 medicine Way ste 6  
Ukiah, CA 95482

CACH LLC  
4340 S Monaco St  
Unit 2  
Denver, CO 80237-3408

Capital One  
Attn: General Correspondence/Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

CBCS  
P.O. Box 2589  
Columbus, OH 43216

Cda/Pontiac  
Attn:Bankruptcy  
Po Box 213  
Streator, IL 61364

Chicago Cardiology Institute  
PO BOX 959061  
Schaumburg, IL 60195-9061

City of Chicago  
Bureau of Parking  
121 N La Salle St RM 107 A  
Chicago, IL 60602

Comcast  
PO Box 3002  
Southeastern, PA 19398

ComEd  
Bill Payment Center  
Chicago, IL 60668-0001

Comfy Furniture  
2089 Manheim Rd.  
Melrose Park, IL 60160

Computer Credit, Inc.  
640 W 4th St  
PO Box 5238  
Winston Salem, NC 27113-5238

Convergent Outsourcing, Inc  
Po Box 9004  
Renton, WA 98057

Convergent Outsourcing  
PO BOX 9004  
Renton, WA 98054

Credence Resource Management  
PO BOX 1253  
Southgate, MI 48195-1253

Credit Collection Serv  
2 Wells Ave Dept 9133  
Newton Center, MA 02459

Credit Management, LP  
The Offices of Credit Management, LP  
Po Box 118288  
Carrolton, TX 75011

Credit Protection Association  
PO Box 802068  
Dallas, TX 75380

CTI Collection Services  
P.O. Box 4783  
Chicago, IL 60680

Directtv  
PO Box 78626  
Phoenix, AZ 85062

Dr. Ralph Ambrosino  
3 Westbrook Corp Ctr 530  
Westchester, IL 60154

Duane E  
c/o HERBERT C GOLDMAN PC  
5 REVERE DRIVE 200  
Northbrook, IL 60062

Easypay/dvra  
2701 Loker Av West  
Carlsbad, CA 92008

ERC/Enhanced Recovery Corp  
8014 Bayberry Rd  
Jacksonville, FL 32256

Exeter Finance Corp  
Po Box 166008  
Irving, TX 75016

Express Cash Mart of Illinois  
PO BOX 5598  
Elgin, IL 60121-5598

Fifth Third  
PO BOX 630900  
Cincinnati, OH 45263-0900

Fifth Third Bank  
Dept. 00781  
Cincinnati, OH 45263

First Premier Bank  
PO Box 5114  
Sioux Falls, SD 57117-5147

Fst Premier  
601 S Minneapolis Ave  
Sioux Falls, SD 57104

Genesis Clinical Laboratory  
3231 S. Euclid Ave.  
Berwyn, IL 60402

Ginny's  
1112 7th Ave  
Monroe, WI 53566

Gottlieb Memorial Hospital  
701 W. North Ave.  
Melrose Park, IL 60160

Gottlieb-MA, LLC  
9145 Collection Center Dr  
Chicago, IL 60693-0091

Healthcare Financial Resources  
830 N Meacham  
Schaumburg, IL 60173

Heritage Acceptance Corp.  
120 W. Lexington  
Elkhart, IN 46516

IL Dept Of Healthcare  
509 S 6th St  
Springfield, IL 62701

IRS  
Centralized Insolvency Operations  
PO BOX 7346  
Philadelphia, PA 19101-7346

Jh Portfolio Debt Equities LLC  
5757 Phantom Dr Ste 225  
Hazelwood, MO 63042

JRSI 8 Inc  
c/o Steven Fink & Assoc. Inc.  
25 E WASHINGTON 1233  
Chicago, IL 60602

K. Jordan  
PO BOX 2809  
Monroe, WI 53566-8009

Loyola University Medical Center  
PO Box 3021  
Milwaukee, WI 53201-3021

M3 Financial Service, Inc.  
PO Box 7230  
Westchester, IL 60154-7230

M3 Financial Services  
10330 W Roosevelt Rd. Suite 200  
Westchester, IL 60154

Macneal Physicians Group  
2315 Enterprise Dr  
Westchester, IL 60154

Medical Business Bureau  
PO Box 1219  
Park Ridge, IL 60068

medicredit  
PO BOX 1629  
Maryland Heights, MO 63043-0629

Medtronic  
13019 Collection Center Dr  
Chicago, IL 60693

Midland Credit Management  
Dept 8870  
Los Angeles, CA 90084-8870

Midnight Velvet  
Swiss Colony/Midnight Velvet  
1112 7th Ave  
Monroe, WI 53566

Montgomery Ward  
3650 Milwaukee St.  
Madison, WI 53714-2399

MQC Collection Services  
PO BOX 140700  
Toledo, OH 43614

NCC  
C/O Evergreen Bank Group  
PO BOX 3219  
Hinsdale, IL 60522-3219

Nicor Gas  
P.O. Box 5407  
Carol Stream, IL 60197-5407

Northland Group  
PO Box 390846  
Minneapolis, MN 55439

OCS Recovery inc  
PO BOX 87  
Lake Elsinore, CA 92531

Overlnd Bond  
4701 W. Fullerton Ave.  
Chicago, IL 60639

Peoples Gas  
Attn: Bankruptcy Dept  
130 E. Randolph  
Chicago, IL 60606

Peter Grant MD  
159 North Marion St #214  
Oak Park, IL 60301

Radiological Consultants  
1730 Park St. #101  
Naperville, IL 60563-1290

Rush Oak Park ER Physicians  
Dept 4672  
Carol Stream, IL 60122-4672

Rush Oak Park Hospital  
26099 Network Pl  
Chicago, IL 60673-1260

Rush Oak Park Hospital  
PO Box 70769  
Chicago, IL 60673

Rush Oak Park Physicians Group  
75 Remittance Dr  
Dept 1620  
Chicago, IL 60675

Rush Univeristy Medical Group  
75 Remittance Dr. Dept 1611  
Chicago, IL 60675-1611

SKO Brenner American, Inc.  
40 Daniel Street  
P.O. box 230  
Farmingdale, NY 11735-0230

SourceRM  
4615 Dundas Dr. #102  
Greensboro, NC 27407

Sovereign Advance  
PO BOX 10  
Parshall, ND 58770

Square One Financial/Cach Llc  
Po Box 5980  
Denver, CO 80127

Tate & Kirlin Associates  
580 Middletown Blvd #240  
Langhorne, PA 19047

The Payday Loan Store of Illinois  
800 Jorie Blvd  
Oak Brook, IL 60523

Theresa Rhodes  
3427 W Walnut  
Chicago, IL 60624

Tidewater Finance Co  
Po Box 41067  
Norfolk, VA 23541

Tmobile  
PO Box 742596  
Cincinnati, OH 45274-2596

UMR  
2700 Midwest Dr  
Onalaska, WI 54650

University Pathologists, PC  
5700 Southwyck Blvd.  
Toledo, OH 43614

Valentine & Kebartars, Inc.  
15 Union St.  
Lawrence, MA 01840

Vanguard Medical Group  
6642 Collection Center Dr.  
Chicago, IL 60674-0664

Wendy Foster  
7411 Lake St #1120  
River Forest, IL 60305

West Suburban Emergency HPS  
820 Sunset Office Dr  
Saint Louis, MO 63127

Westgate Resorts  
2801 Old Winter Garden Rd.  
Ocoee, FL 34761

Zocaloans Rosebud Lending LZO  
PO BOX 1147  
27565 Research Dr.  
Mission, SD 57555